PLEASE RETURN BY:
LA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT REFERENCE/ELIGIBILITY CHECK
APPLICANT'S NAME:
SOCIAL SECURITY NUMBER://
LA DOTD POSITION APPLIED FOR:
1. THE ABOVE NAMED APPLICANT INDICATES HE/SHE WORKED FOR
JOB TITLE:
2. Is the above information correct? Yes No
3. What were the candidate's general duties?
4. Is the candidate eligible for reemployment with your company? Yes No 5. What was the candidate's reason for leaving your company? 6. Please rate the candidate on the following skills/behaviors from 1 to 5, where 1 = poor and 5 = outstanding: Quality of work Trustworthiness Adaptability Quantity of work Work attitude Cooperation Communication skills: Work ethic Org. Skills Written Initiative Dependability Verbal
7. Is there any other information about this candidate you would like to share or that we should know?
Information provided by: (Print name) (Print title) (Signature) (Date) FOR DOTD USE, IF INFORMATION VERBALLY RECEIVED: Information recorded by: (Print name) (Print title) (Date)